08/18/2009 09:51

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIW 3X	For C	Other Than An	Authorized Con	nmittee	Offi	ice Use Only
1. NAME OF COMMITTEE (in full)		FEC MAILING LAB YPE OR PRINT	EL Example:If over the lin	typing, type les		
American Council of Li		olitical Action Comm	nittee			
ADDRESS (number and street	et)	1 Constitution Ave.,	NW			
Check if different than previously reported. (ACC)	Wa	ashington			DC L	20001
2. FEC IDENTIFICATION	NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCODE 🛕
C00147066		3	B. IS THIS X	NEW (N) OR	AMENI (A)	DED
4. TYPE OF REPORT (Choose One)	. (b	Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	H	Year Only)
(a) Quarterly Reports	:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (I	(Non-Election Year Only)
April 15 Quarterly Re	port(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (N	M10) Jan 31 (YE)
July 15 Quarterly Re October 15		(c) 12-Day PRE-Election Report for th	ı H	ry (12P) ention (12C)	General (12G) Special (12G)	
Quarterly Rep January 31 Quarterly Rep		E	lection on			in the State of
July 31 Mid-Y Report(Non-e Year Only) (M	election	(d) 30-Day Post -Election		al (30G)	Runoff (30R)	Special (30S)
Termination F (TER)	Report	Report for th	e: lection on			in the State of
5. Covering Period	07	01 2009	thro	ough 0 7	31 20	0 0 9
I certify that I have examined				ief it is true, correc	t and complete.	
Type or Print Name of Treas	surer M	r. Donald L. Walker				
Signature of Treasurer E	lectronically I	Filed by Mr. Dona	ald L. Walker		Date 08	18 2009
NOTE : Submission of false	e, erroneous,	or incomplete inforn	nation may subject th	e person signing th	nis Report to the pen	alties of 2 U.S.C 437g.
Office Use					F	FEC FORM 3X (Rev. 12/2004)

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 29

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Council of Life Insurers Political Action Committee

F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2009		58032.39
	(b) Cash on Hand at Begining of Reporting Period	36831.71	
	(c) Total Receipts (from Line 19)	28446.26	230546.81
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65277.97	288579.20
7.	Total Disbursements (from Line 31)	13000.00	236301.23
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	52277.97	52277.97
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From: 0.7

01

<sup>Y</sup> 2009

<u>,</u> | c

D D 3 1

Y Y Y Y Y 2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:     (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	9404.08	52460.54	
(ii) Unitemized	2542.18	25086.27	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11946.26	77546.81	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	16500.00	153000.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 28446.26	230546.81	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin	Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)	0.00	0.00	
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28446.26	230546.81	
Total Federal Receipts     (subtract Line 18(c) from Line 19)	28446.26	230546.81	

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	13000.00	232801.23
4.	and Other Political Committees  Independent Expenditure		232001.23
	(use Schedule E)	0.00	0.00
ა.	Coordinated Expenditures Made by Party  Committees (2 U.S.C. 441a(d))  (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	3500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13000.00	236301.23
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	12000.00	000004.00
	from Line 31)	13000.00	236301.23

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
B. Total Contributions (other than loans) from Line 11(d), page 3)	28446.26	230546.81
F. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	28446.26	230546.81
5. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Council of Life Insurers	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Brent A. Mardis		Date of Receipt
Mailing Address 4601 Westown Pa Suite 300	•	07 09 2009
City West Des Moines	State Zip Code IA 50266-1041	Transaction ID: 30639487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30200 1041	400.00
Name of Employer Midland National Life Ins- urance Compan Receipt For:  Primary General Other (specify) ▼	Occupation Vice President & Chief Risk Officer  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Mr. Donald T. Lyons		Date of Receipt
Mailing Address 4601 Westown Pa Suite 300	·	07 09 7 2009
City	State Zip Code	Transaction ID: 30639488
West Des Moines  FEC ID number of contributing federal political committee.	IA 50266-1041	Amount of Each Receipt this Period 300.00
Name of Employer Sammons Financial Group	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. C. Michael Haley		Date of Receipt
Mailing Address 160 N. Euclid		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30639489
Oak Park	IL 60302-2106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Sammons Financial Group	Occupation Senior Vice President, Human Resou	roes
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	al)	1000.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u> </u>	Full Name (Last, First, Middle Initial)  Ms. Linda M. Izzo  Mailing Address 40 Gloria Drive  City  Bridgewater  FEC ID number of contributing ederal political committee.  Name of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Other (specify)	_'	Zip Code 02324-2100  n sident, Client Services e Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. !!	Full Name (Last, First, Middle Initial) Mr. Thomas C. Stavropoulos Mailing Address 7445 N. Kilbourn Ave City Skokie FEC ID number of contributing ederal political committee. Name of Employer Sammons Financial Group Receipt For: Primary General Other (specify)	, ·	Zip Code 60076-3841  n sident & Chief Compliance Compl	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Full Name (Last, First, Middle Initial)  Ms Debra J. Saltsman  Mailing Address 3852 Hallman Avenue  City  Collegeville  FEC ID number of contributing ederal political committee.  Name of Employer condon Life Reinsurance  Company  Receipt For:  Primary General  Other (specify)	State PA  C  Occupatio VP, A&H		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)			765.00

City State Zip Code Abinqton MA 02351-1624  FEC ID number of contributing federal political committee.    C	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. Full Name (Last, First, Middle Initial) Mr. Eric J. Bernazzari  Mailing Address 215 Shaw Ave  City State Zip Code Abinoton MA 02351-1624  FEC ID number of contributing federal political committee.  City State Zip Code Abinoton MA 02351-1624  FEC ID number of contributing federal political committee.  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Mr. Ciliford A. Lange Mailing Address 110 Elm Street  City State Zip Code Mdfield MA 02052-2823  FEC ID number of contributing federal political committee.  City State Zip Code Mdfield MA 02052-2823  Amount of Each Receipt this Peric  Transaction ID: 30842593  Amount of Each Receipt this Peric  Occupation Vice President, CFO, & Chief Actuary Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Mr. Dennis L. Johnson, FLMI, CLU Mailing Address 926 W. Oakhampton Drive  City State Zip Code Dity State Zip Code Dity State Zip Code Transaction ID: 30842593  Amount of Each Receipt this Peric  Name of Employer Dity State Zip Code Date of Receipt  Transaction ID: 30842543  Transaction ID: 30842543  Amount of Each Receipt this Peric  Name of Employer United Heritage Mutual Li- Ize Insurance Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: 30842543  Amount of Each Receipt this Peric  Aggregate Year-to-Date ▼  Transaction ID: 30842543  Amount of Each Receipt this Peric  Aggregate Year-to-Date ▼  Transaction ID: 30842543  Amount of Each Receipt this Peric  Aggregate Year-to-Date ▼  Transaction ID: 30842543  Amount of Each Receipt this Peric	or for commercial purposes, other than using t	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Milling Address 215 Shaw Ave  City State Zip Code Abinqton MA 02351-1624  FEC ID number of contributing federal political committee.  Clo Soston Mutual Life Insurance Company Receipt For: Primary General Other (specify) ▼  State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address 110 Elm Street  Clo State Zip Code Mailing Address Mailing Mail	American Council of Life Insurers Po	olitical Action Committee	
City State Zip Code Abington MA 02351-1624  FEC ID number of contributing federal political committee.    C	Mr. Eric J. Bernazzani		<b>⊣</b>
Abington  MA 02351-1624  Amount of Each Receipt this Peric  FEC ID number of contributing federal political committee.  Name of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Other (specify) ▼  State Zip Code Mailing Address 110 Elm Street  Ccupation City State Zip Code Make of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Occupation City State Zip Code Boston Mutual Life Insurance Company Receipt For:  Primary General Occupation Vice President, CFO, & Chief Actuary Receipt For:  Primary General Other (specify) ▼  State Zip Code Aggregate Year-to-Date ▼  State Zip Code Description State Zip Code Sta			07 24 2009
FEC ID number of contributing federal political committee.  Name of Employer Boston Mulual Life Insurance Company. Receipt For:    Primary   General   Aggregate Year-to-Date ▼			
Receipt For:    Primary   General	FEC ID number of contributing		300.00
Receipt For:    Primary   General   Other (specify) ▼   300.00	Name of Employer Boston Mutual Life Insura- nce Company	I '	
Other (specify) ▼  Solution of A. Lange  Mailing Address 110 Elm Street  City State Zip Code MA 02052-2823  Medfield MA 02052-2823  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Cerept Primary General Other (specify) ▼  City State Zip Code MA 02052-2823  Amount of Each Receipt this Perical Solution Primary General Other (specify) ▼  Date of Receipt Transaction ID: 30842539  Amount of Each Receipt this Perical Solution Primary General Other (specify) ▼  Date of Receipt Transaction ID: 30842539  Amount of Each Receipt this Perical Solution Primary General Solution Primary General Solution President and CEO  Transaction ID: 30842543  Amount of Each Receipt this Perical Solution President and CEO Solution President and CEO Solution President and CEO Solution President and CEO Solution Primary General Other (specify) ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation President and CEO Solution President and	Receipt For:	Aggregate Year-to-Date ▼	
Mailing Address 110 Elm Street  City State Zip Code MA 02052-2823  Medfield MA 02052-2823  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code  City State Zip Code MA 02052-2823  Amount of Each Receipt this Peric State Actuary Receipt For:  Primary General Other (specify) ▼ State Zip Code Eacle Transaction ID: 30842539  Amount of Each Receipt this Peric State Zip Code Transaction ID: 300.00  Date of Receipt Transaction ID: 300.00  Date of Receipt Transaction ID: 300.00  Date of Receipt Mo M M 02052-2823  Amount of Each Receipt this Peric Mo M M 02052-2823  Amount of Each Receipt ID: 300.00  Date of Receipt Mo M M 02052-2823  Amount of Each Receipt ID: 300.00  Date of Receipt Mo M M 02052-2823  Amount of Each Receipt ID: 300.00  Date of Receipt Mo M M 02052-2823  Amount of Each Receipt ID: 300.00  Transaction ID: 30842543  Amount of Each Receipt ID: 3084	, <u> </u>		
City State Zip Code MA 02052-2823  FEC ID number of contributing federal political committee.  Name of Employer Boston Mutual Life Insurance Company. Receipt For:    Primary   General   Great   Gre	Mr. Clifford A. Lange		Date of Receipt
Medfield  MA	Mailing Address 110 Elm Street		
FEC ID number of contributing federal political committee.  Name of Employer Boston Mutual Life Insurance Company Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Dennis L. Johnson, FLMI, CLU  Mailing Address 926 W. Oakhampton Drive  City State Zip Code FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  Transaction ID: 30842543  Amount of Each Receipt this Peric C  Name of Employer United Heritage Mutual Life Insurance Receipt For:  Primary General Other (specify) ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation President and CEO  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  290.00	•		
Name of Employer Boston Mutual Life Insura- nce Company Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Page of Receipt  Aggregate Year-to-Date ▼  Other (specify) ▼  Date of Receipt  M M D D D D D D D D D D D D D D D D D		MA 02052-2823	Amount of Each Receipt this Period
Boston Mutual Life Insura- nce Company Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis L. Johnson, FLMI, CLU Mailing Address 926 W. Oakhampton Drive  City State Zip Code Eagle ID 83616-6744  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation President and CEO  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  290.00	federal political committee.		300.00
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Dennis L. Johnson, FLMI, CLU  Mailing Address 926 W. Oakhampton Drive  City State Zip Code  Eagle ID 83616-6744  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation President and CEO  Aggregate Year-to-Date ▼  290.00	Boston Mutual Life Insura-	· ·	,
Other (specify) ▼    State   Zip Code   Transaction ID: 30842543	Receipt For:	<u> </u>	
Mr. Dennis L. Johnson, FLMI, CLU  Mailing Address 926 W. Oakhampton Drive  City State Zip Code Eagle ID 83616-6744  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M D D D D 7 Y Y Y Y Y 2 0 0  Transaction ID: 30842543  Amount of Each Receipt this Period  30.	— — — — — — — — — — — — — — — — — — —	300.00	
City Eagle ID 83616-6744  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Receipt For: Primary Other (specify) ▼  State Zip Code ID 83616-6744  C  C  C  C  Amount of Each Receipt this Period 30.			Date of Receipt
Eagle  ID 83616-6744  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  30.  Aggregate Year-to-Date ▼  290.00	Mailing Address 926 W. Oakhamptor	n Drive	
FEC ID number of contributing federal political committee.  Name of Employer United Heritage Mutual Life Insurance Receipt For: Primary General Other (specify)  Occupation President and CEO  Aggregate Year-to-Date  290.00		<b>'</b>	
United Heritage Mutual Life Insurance Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  290.00	FEC ID number of contributing		Amount of Each Receipt this Period  30.00
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  290.00	United Heritage Mutual Li-		
630	Receipt For: Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		630.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one)    X	
or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action Committee		
Full Name (Last, First, Middle Initial) Mr. Paul A. Quaranto, Jr.		Date of Receipt	
Mailing Address 3 Musket Way  City	State Zip Code	0 7 2 7 2 0 0 9  Transaction ID: 30843712	
Franklin	MA 02038-3627	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer Boston Mutual Life Insura- nce Company	Occupation Vice President		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora		Date of Receipt	
Mailing Address 866 Crestgate Circle		07 15 2009	
City	State Zip Code	Transaction ID: 30843754	
<u>Orlanda</u>	FL 32819	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer Hannover Life Reassurance Company of A	Occupation SVP & Chief Actuary		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
Full Name (Last, First, Middle Initial) Mr. Paul E. Petry		Date of Receipt	
Mailing Address P.O. Box 738		07 31 7 2009	
City	State Zip Code	Transaction ID: 30978770	
Osterville	MA 02655-0738	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	1000.00	
Name of Employer Boston Mutual Life Insura- nce Company	Occupation Chairman, President & CEO		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
SUBTOTAL of Receipts This Page (optional) .		1320.00	
TOTAL This Period (last page this line numbe	·		

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using	I Statements may not be he name and address of	e sold or used by any person f any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pe	olitical Action Comm	ittee	
Full Name (Last, First, Middle Initial) Mr. Peter S. Tillson			Date of Receipt
Mailing Address 79 Briarcliff Road			07 / 31 / 2009
City Brockton		p Code	Transaction ID: 30978786
FEC ID number of contributing federal political committee.	C	2301-3009	Amount of Each Receipt this Period  300.00
Name of Employer Boston Mutual Life Insura- nce Company	Occupation Vice President,	Worksite Marketing	
Receipt For: Primary General Other (specify)	Aggregate Year-te	o-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
Mailing Address 866 Crestgate Circle			07 31 2009
City	State Zi	p Code	Transaction ID: 31131033
<u>Orlanda</u>	FL 32	2819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Hannover Life Reassurance Company of A	Occupation SVP & Chief Ad	ctuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	e, NW		07 31 7 2009
City	·	p Code	Transaction ID: PR1120489717307
Washington FEC ID number of contributing federal political committee.	DC 20	0001-2133	Amount of Each Receipt this Period  96.00
Name of Employer American Council of Life Insurers	Occupation Senior Counse		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 672.00	P/R Deduction (\$48.00 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional	1		416.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	litical Action	Committee	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR1156427117307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupation CFO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Jean-Francois Poulin			Date of Receipt
•	Mailing Address 527 Bookbinder Way			0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1415829617307
	Lansdale	PA	19446-4056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer London Life Reinsurance Company	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$400.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone			Date of Receipt
-	Mailing Address 32 Lincoln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1503560117307
	Weatogue	CT	06089-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.00
	Name of Employer VantisLife Insurance Comp- any	Occupation Presiden	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	465.00	P/R Deduction (\$31.00 Bi- Weekly)
Γ		1		562.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mag name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	tical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave,			07 31 2009
	City	State	Zip Code	Transaction ID: PR1550105917307
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		348.96
	Name of Employer American Council of Life Insurers	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2442.72	P/R Deduction (\$174.48 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	07 31 2009		
	City	State	Zip Code	Transaction ID: PR1554864817307
	Washington 550 ID work to a fact the time.	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupatio Counsel	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg	1		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR1565786717307
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers		Federal Relations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dodustics (#20.00 C
	Other (specify)		280.00	P/R Deduction (\$20.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			488.96

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	itical Action (	Committee	
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			07 31 2009
	City Washington	State DC	Zip Code 20001-2140	Transaction ID: PR1647849717307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200012110	40.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  General  Other (specify) ▼		n Taxes & Retirement Securit Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Semi-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771358217307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		291.66
	Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice Pres & General Couns	<del></del> se
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 2041.62	P/R Deduction (\$145.83 Semi-Monthly)
_ ;.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		07 31 7 2009
	City	State DC	Zip Code	Transaction ID: PR771362417307
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  101.66
	Name of Employer American Council of Life Insurers		sident, Conference Developn	nent
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 711.63	P/R Deduction (\$50.83 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)			433.32

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any person using the name and address of any political committee to s	for the purpose of soliciting contributions
American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew		Date of Receipt
Mailing Address 101 Constitutio Suite 700 West		07 / 31 / 2009
City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771362817307  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20001 2100	100.00
Name of Employer American Council of Life	Occupation Senior Counsel	
Insurers Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt
Mailing Address 101 Constitutio Suite 700 West		07 31 2009
City	State Zip Code DC 20001-2133	Transaction ID: PR771365417307
Washington FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period  60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$30.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt
Mailing Address 101 Constitutio Suite 700 West		07 31 7 2009
City	State Zip Code	<b>Transaction ID:</b> PR771369017307
Washington  FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period 54.60
Name of Employer American Council of Life Insurers	Occupation VP, Legislative & Regulatory Informati	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 382.20	P/R Deduction (\$27.30 Sem-
Other (specify)		i-Monthly)
CURTOTAL of Descints This Desc (or	tional)	214.60

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one)    X
or fo	information copied from such Reports and rommercial purposes, other than using the IAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
F	ull Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
M	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 31 7 2009
	ity	State	Zip Code	Transaction ID: PR771373217307
F	Vashington  EC ID number of contributing ederal political committee.	C	20001-2133	Amount of Each Receipt this Period  261.46
<u> Ir</u>	lame of Employer American Council of Life Isurers Receipt For: Primary Other (specify)		ice President, State Relations e Year-to-Date ▼ 1830.21	P/R Deduction (\$130.73 Semi-Monthly)
M	ull Name (Last, First, Middle Initial) Is. Shawn Hausman	<b>I</b>		Date of Receipt
_	Mailing Address 101 Constitution Aver Suite 700 West			07 31 7 2009
	ity	State	Zip Code	Transaction ID: PR771373517307
F	Vashington  EC ID number of contributing ederal political committee.	C	20001-2133	Amount of Each Receipt this Period 48.96
<u>  Ir</u>	lame of Employer American Council of Life Asurers Receipt For:	_ '	President, Public Affairs	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 342.72	P/R Deduction (\$24.48 Sem- i-Monthly)
	ull Name (Last, First, Middle Initial) Mr. David M. Leifer	1		Date of Receipt
N	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 31 2009
	Sity	State	Zip Code	Transaction ID: PR771374017307
F	Vashington  EC ID number of contributing ederal political committee.	C	20001-2133	Amount of Each Receipt this Period  132.34
	lame of Employer American Council of Life Insurers	Occupation Senior C		
	leceipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 926.37	P/R Deduction (\$66.17 Sem- i-Monthly)
SUE	BTOTAL of Receipts This Page (optional) .			442.76

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	itical Action (	Committee	
<u></u>	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR771374317307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life	Occupation		
	Insurers	Senior C		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)		210.00	P/R Deduction (\$15.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth	1		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR771376017307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	420.00	P/R Deduction (\$30.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox	1		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR771376817307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.30
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President	
	Receipt For:	<del>_ ' </del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		331.10	P/R Deduction (\$23.65 Semi-Monthly)
Г	SUBTOTAL of Receipts This Page (optional) .			137.30

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		07 31 7 2009
	City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771377117307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001 2100	200.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼	, '	n I Vice President, State Relati e Year-to-Date ▼ 1400.00	P/R Deduction (\$100.00 Semi-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	nue, NW		07
	City Washington	State DC	Zip Code	Transaction ID: PR771395117307
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 468.76
	Name of Employer American Council of Life Insurers	Occupation Executiv	n e Vice President, Federal Re	la
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3281.31	P/R Deduction (\$234.38 Semi-Monthly)
- ;.	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	nue, NW		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419317307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001-2133	177.26
	Name of Employer American Council of Life Insurers	- '	sident, Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1081.26	P/R Deduction (\$88.63 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional) .			846.02

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American oddron of the insurers i	illical Action	50mmee	
_	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR771419717307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2916.62	P/R Deduction (\$208.33 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter	1		Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West			07 31 2009
	City	State	Zip Code	Transaction ID: PR771419817307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers		e Vice President & COO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		2916.62	P/R Deduction (\$208.33 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West			07 31 2009
	City	State	Zip Code	Transaction ID: PR771419917307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupation Senior C	ounsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Semi-
	SUBTOTAL of Receipts This Page (optional)			933.32

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  ny information copied from such Reports and	Statamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one)    X
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771420017307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  General  Other (specify) ▼		e Assistant e Year-to-Date ▼ 210.00	P/R Deduction (\$15.00 Sem-i-Monthly)
 В.	Full Name (Last, First, Middle Initial)  Ms. Debra K. West  Mailing Address  101 Constitution Aver Suite 700 West	nue, NW		Date of Receipt  0 7 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: PR771421017307
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  100.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	_ '	ounsel & Director, Southern e Year-to-Date ▼ 700.00	Re P/R Deduction (\$50.00 Semination of the semin
 C.	Full Name (Last, First, Middle Initial)  Mr. Michael Lovendusky  Mailing Address 101 Constitution Ave,	NW		Date of Receipt  0 7 3 1 2 0 0 9
	Suite 700 City	State	Zip Code	Transaction ID: PR771421117307
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		n General Counsel e Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Sem-i-Monthly)
	SUBTOTAL of Receipts This Page (optional).			170.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)    X
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi	ical Action (	Committee	
<u></u>	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700 West	١W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771422917307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		64.88
	Name of Employer American Council of Life Insurers	Occupation PAC Direction		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 454.16	P/R Deduction (\$32.44 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	ie, NW		07 31 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771423217307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Council of Life Insurers	Occupation	n e General Counsel, Litigation	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 560.00	P/R Deduction (\$40.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	١W		07 31 2009
	City	State	Zip Code	Transaction ID: PR771428717307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		121.76
	Name of Employer American Council of Life Insurers	Occupation Senior Le	n egislative Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		852.31	P/R Deduction (\$60.88 Sem- i-Monthly)
	UBTOTAL of Receipts This Page (optional)			266.64

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 29 (check only one)    X   11a
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/ /	American Council of Life insurers Fol	iilicai Action	Committee	
. <u>1</u>	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
I	Mailing Address 101 Constitution Ave, Suite 700 West	NW		07 31 2009
(	Dity	State	Zip Code	Transaction ID: PR771428817307
7	<i>N</i> ashington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		131.04
	Name of Employer American Council of Life nsurers	Occupation Senior V	n ice President, Federal Relatio	0
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		917.30	P/R Deduction (\$65.52 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
_	Mailing Address 101 Constitution Ave, Suite 700			07 31 7 2009
	Dity Alaahinataa	State	Zip Code	Transaction ID: PR771428917307
_	Washington Control	DC	20001-2133	Amount of Each Receipt this Period
f	FEC ID number of contributing ederal political committee.	C		195.84
<u>/</u>	Name of Employer American Council of Life nsurers	<del>-, '</del>	President and Corp Sec.	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1370.87	P/R Deduction (\$97.92 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial)			
_	Alane R. Dent Mailing Address 101 Constitution Ave, Suite 700	NW		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
(	Dity	State	Zip Code	Transaction ID: PR771444317307
7	Washington	DC	20001-2133	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		58.34
	Name of Employer American Council of Life nsurers	Occupation Vice Pres	n sident, Federal Relations	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 408.37	P/R Deduction (\$29.17 Sem- i-Monthly)
su	BTOTAL of Receipts This Page (optional) .			385.22

[7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	enue NW		07 31 2009
	City	State	Zip Code	Transaction ID: PR771444917307
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Council of Life Insurers	Occupation Controlle		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$20.00 Sem- i-Monthly)
 3.	Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700			07 31 7 2009
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771445817307  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001-2100	31.26
	Name of Employer American Council of Life Insurers	<del>-   ' '</del>	Research	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 218.81	P/R Deduction (\$15.63 Semi-Monthly)
_ C.	Full Name (Last, First, Middle Initial) Mrs. Courtney English			Date of Receipt
	Mailing Address 101 Consitution Aver Suite 700	nue NW		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771449417307
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.26
	Name of Employer American Council of Life Insurers	<del>-                                     </del>	Grassroots	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 253.81	P/R Deduction (\$18.13 Sem-i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			107.52

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	(Crieck only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by an ne name and address of any political comm	y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
American Council of Life Insurers Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700		07 31 7 2009
City	State Zip Code DC 20001-2133	Transaction ID: PR771449617307
Washington  FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life	Occupation Senior Vice President	
Insurers Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.0	P/R Deduction (\$25.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	, NW	07 / 31 / 2009
City	State Zip Code	<b>Transaction ID:</b> PR805149117307
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.42
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relation	ns
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1168.1	5 P/R Deduction (\$92.71 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	nue, NW	07 31 7 2009
City	State Zip Code	Transaction ID: PR904819517307
Washington FEC ID number of contributing	DC 20001-2133	Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		285.42
		9404.08

Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC  Mailing Address 6620 W. Broad Street  City State Zip Code Richmond VA 23230  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For: Primary General	FOR LINE NUMBER:
American National Ins. Co. PAC  Mailing Address One Moody Plaza  City State Zip Code TX 77550  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC  Mailing Address 6620 W. Broad Street  City State Zip Code VA 23230  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City State Zip Code  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City State Zip Code  IA 50334  FEC ID number of contributing federal political committee.  C C00367524  Name of Employer Occupation	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Primary	Date of Receipt    M M M
Genworth Financial Inc. PAC  Mailing Address 6620 W. Broad Street  City State Zip Code VA 23230  FEC ID number of contributing federal political committee.  Name of Employer  C C00404194  Name of Employer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City State Zip Code Des Moines  IA 50334  FEC ID number of contributing federal political committee.  Name of Employer  C C00367524  Receipt For: Aggregate Year-to-Date ▼	0.00
Richmond  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City  Des Moines  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Aggregate Year-to-Date ▼  C C00367524  C C00367524  Receipt For:  Aggregate Year-to-Date ▼	Date of Receipt  0 7 1 7 2 0 0 9
FEC ID number of contributing federal political committee.  Name of Employer    Occupation	Transaction ID: 30816269
Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City  State  Zip Code  IA  50034  FEC ID number of contributing federal political committee.  Name of Employer  Ccupation  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date	Amount of Each Receipt this Period  2500.00
American Enterprise Mutual Holding Co. PAC  Mailing Address 601 6th Avenue  City State Zip Code  Des Moines IA 50334  FEC ID number of contributing federal political committee.  Name of Employer Occupation  Receipt For: Aggregate Year-to-Date ▼	0.00
City     State     Zip Code       Des Moines     IA     50334       FEC ID number of contributing federal political committee.     C     C00367524       Name of Employer     Occupation       Receipt For:     Aggregate Year-to-Date	Date of Receipt
Des Moines     IA     50334       FEC ID number of contributing federal political committee.     C     C00367524       Name of Employer     Occupation       Receipt For:     Aggregate Year-to-Date     ▼	07 22 2009
FEC ID number of contributing federal political committee.  C C00367524  Name of Employer  Occupation  Receipt For:  Aggregate Year-to-Date ▼	Transaction ID: 30835462
Receipt For:  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  2000.00
99 3	
Other (specify) ▼	0.00
SUBTOTAL of Receipts This Page (optional)	9500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 29 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	tical Action	Committee	
∠_ <b>A</b> .	Full Name (Last, First, Middle Initial) Modern Woodmen of America PAC			Date of Receipt
	Mailing Address 1701 First Avenue			07 27 2009
	City	State	Zip Code	Transaction ID: 30843716
	Rock Island FEC ID number of contributing	C COO	61201	Amount of Each Receipt this Period  2000.00
	federal political committee.			
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
— В.	Full Name (Last, First, Middle Initial) Union Central Life Insurance Company PAC	1		Date of Receipt
	Mailing Address 1876 Waycross Road	07 31 2009		
	City	State	Zip Code	Transaction ID: 30981997
	Cincinnati	OH	45240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0179010	2500.00
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2500.00	
с. С.	Full Name (Last, First, Middle Initial) Ameritas Financial PAC			Date of Receipt
	Mailing Address P.O. Box 81889			07 31 2009
	City	State	Zip Code	Transaction ID: 30981998
	Lincoln FEC ID number of contributing	NE NE	68501	Amount of Each Receipt this Period  2500.00
	federal political committee.		0187138	2500.00
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
S	SUBTOTAL of Receipts This Page (optional)	1		7000.00
	OTAL This Period (last page this line number		<u> </u>	16500.00

Any Information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Full Name (Last, First, Middle Initial) Senate Majority Fund  Mailing Address 507 Capitol Court, NE #100  City Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: District:	Detailed S ments may no ne and addres	zip Code 20002	21 27 d by any pers	28a son for the purpos o solicit contribut  Transact Date of D  0 7	28b 2 se of solicitin tions from su  ion ID: 308 iisbursement	ch committee
or for commercial purposes, other than using the name of the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political Of Life Insurers Polit	State DC  State Primary	zip Code 20002	011 Category/	Transact Date of D  Amount o	ion ID: 308	843590  Y Y O Y O Y O Y O Y O Y O Y O Y O Y O
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political  Full Name (Last, First, Middle Initial) Senate Majority Fund  Mailing Address 507 Capitol Court, NE #100  City Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	State DC  ement For: Primary	Zip Code 20002	011 Category/	Transact Date of D  0 7 M  Amount of	ion ID: 308 disbursement	843590 :
Full Name (Last, First, Middle Initial) Senate Majority Fund  Mailing Address 507 Capitol Court, NE #100  City Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	State DC	Zip Code 20002	Category/	Date of D  M 7  Amount c	bisbursement 2 8	y 2009 ursement this Period
Senate Majority Fund  Mailing Address 507 Capitol Court, NE #100  City Washington  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	ement For:	20002	Category/	Date of D  M 7  Amount c	bisbursement 2 8	y 2009 ursement this Period
Mailing Address 507 Capitol Court, NE #100  City Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	ement For:	20002	Category/	Amount o	<sup>/</sup> 28	y y 0 0 9 Y ursement this Period
#100 City Washington Purpose of Disbursement  Candidate Name  Office Sought: House Disburs Senate President	ement For:	20002	Category/	Amount o		ursement this Perio
Washington Purpose of Disbursement  Candidate Name  Office Sought: House Disburs Senate President	ement For:	20002	Category/		of Each Disbu	
Purpose of Disbursement  Candidate Name  Office Sought: House Disburs Senate President	ement For:	General	Category/			1000.00
Candidate Name  Office Sought: House Disburs Senate President	Primary		Category/			
Office Sought: House Disburs Senate President	Primary		υ,			
Senate President	Primary					
President						
State: District:		- · ·				
-						
Full Name (Last, First, Middle Initial)					ion ID: 308	
Andrews for Congress Committee				Date of D	isbursement	
Mailing Address P.O. Box 295				0 7	<sup>D</sup> 28	y žoý9°
City Oaklyn	State NJ	Zip Code 08017		Amount o	of Each Disbu	ursement this Perio
Purpose of Disbursement		1				1000.00
Candidate Name			011 Category/			
Robert Andrews			Type			
J 7	ement For: Primary	2010 General				
President	Other (spec					
State: NJ District: 01						
Full Name (Last, First, Middle Initial) Evan Bayh Committee					ion ID: 308 isbursement	
Mailing Address 1070 Thomas Jefferson Suite 202	Street, NW	1		07	28	2009
City Washington	State DC	Zip Code 20007		Amount o	of Each Disbu	ursement this Perio
Purpose of Disbursement				7 L		1000.00
Candidate Name			011			
Evan Bayh			Category/ Type			
ÿ	ement For: C Primary Other (spec	2010 General				
State: IN District:		- •				
SUBTOTAL of Disbursements This Page (optional)				<b>.</b>		3000.00

	B (FEC FOIIII 3	·		arate schedule(s)			OR LINI heck or	E NUMBE	ER:		L	PAGE	27 / 2	29
ITEMIZED DI	SBURSEMEN <sup>-</sup>	TS		category of the Summary Page			21b 27	22 28a	Х	23 28b	2 2	4 8c	25 29	
or for commercial pu	ed from such Reports a proses, other than usin MITTEE (In Full) Incil of Life Insurers	ng the name	and addre	ess of any politica										5
Full Name (Last, Castle Campa Mailing Address	First, Middle Initial)  ign Fund  P.O Box 133									isburs	: 308 ement 2 8		4 2 0 0 9	$\Theta^{\vee}$
City Wilmington Purpose of Disb	ursement		tate DE	Zip Code 19899		v		Amor	unt o	f Each	Disbu		nt this I	
Candidate Name Michael Castle Office Sought:	Y House	Disbursen		2010		01 ateg Typ	gory/	_						
State: DE Full Name (Last, AMERIPAC	Senate President District: 01  First, Middle Initial)		Primary Other (sp	General ecify) ▼							: 308	34363	6	
Mailing Address  City	499 South Capit Suite 414		SW	Zip Code				0 <sup>M</sup> 7	unt o		28 /		2 0 0 9	
Washington Purpose of Disb Candidate Name			OC .	20003	C	01 ateo	gory/			0		1.5	500.00	)
Office Sought:	House Senate President District:		nent For: Primary Other (sp	General ecify) ▼		- 71								
Full Name (Last, Brown-Waite	First, Middle Initial) for Congress							Date	of D	isburs	: 308 ement			V
Mailing Address	704 Ponce De L	eon Blvd						0 <sup>M</sup> 7	М	/ L 2	2 8 /	Y .:	ž 0 ŏ 9	) <sup>*</sup>
City Brooksville Purpose of Disb	ureament		tate L	Zip Code 34601				Amo	unt o	f Each	i Disbu		nt this f	
Candidate Name Ginny Brown-	)					01 ateg Typ	gory/		•	^				
Office Sought: State: FL	X House Senate President District: 05		nent For: Primary Other (sp	2010 General ecify)										
									_			0.5	500.00	<u> </u>

Use separate sch					neck onl	NUMBER: PAGE 28 / 29 vone)						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24	3c	25 29	
	y Information copied from such Reports and Sta or commercial purposes, other than using the n											3
$\rangle$	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic	al Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress I	nc				Date	of Dis	burse	308 ement		-	
	Mailing Address Post Office Box 80126					0 <sup>M</sup> 7	M /	<sup>D</sup> 2	8 /	Y 2	žoŏs	) Y
	City Lafayette	State Zip Code LA 70598				Amou	ınt of	Each	Disbu		nt this I	
	Purpose of Disbursement			01	1	L.				1(	00.00	)
	Candidate Name Rep. Charles Boustany, Jr.		1	ateg Typ	•							
	Senate President	rsement For: 2010  X Primary General  Other (specify) ▼										
	State: LA District: 07											
	Full Name (Last, First, Middle Initial) Larson for Congress					Date	of Dis	burse	308 ement			V
	Mailing Address 29 Ruff Circle					0 <sup>M</sup> 7	M /	<sup>D</sup> 2	8	¥ . 2	žoŏs	) <sup>*</sup>
	City Glastonbury	State Zip Code CT 06033				Amou	ınt of	Each	Disbu	rseme	nt this I	Perio
	Purpose of Disbursement			01	1	L.	-			10	00.00	)
	Candidate Name John Larson		1	ateg Typ	ory/ e							
	Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	•									
	State: CT District: 01  Full Name (Last, First, Middle Initial)  McCarthy For Congress								308 ement	4365	2	
	Mailing Address 209 Pennsylvania Ave	, SE				o <sup>M</sup> 7	M /	<sup>D</sup> 2	8 /	Y 2	ž 0 Ŏ 9	Y
	City Washington	State Zip Code DC 20003				Amou	ınt of	Each	Disbu	rseme	nt this I	Perio
	Purpose of Disbursement			01	1	L.	-			10	00.00	)
	Candidate Name Rep. Kevin McCarthy			ateg Typ	ory/							
	Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	•									
	State: CA District: 22											

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 29 / 29
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	I Action Committee		
Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn			Transaction ID: 30843654 Date of Disbursement
Mailing Address PO Box 12567			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 & 9 \end{bmatrix}$
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. James Clyburn		Category/ Type	
Senate President	sement For: 2010  K Primary General  Other (specify)		
State: SC District: 06  Full Name (Last, First, Middle Initial)			
Wally Herger for Congress Committee			Transaction ID: 30843663 Date of Disbursement
Mailing Address P.O. Box 1500			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 8 \\ 2 & 8 \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 4 \\ 2 & 2 & 0 & 9 \end{bmatrix}$
City Chico	State Zip Code CA 95927		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Wally Herger		Category/ Type	
	sement For: 2010  Remary General  Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	3500.00
TOTAL This Period (last page this line number only)	<b>•</b>	13000.00

State: CA

District: 02